SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 35 OF Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stat or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Highmark PAC of Highmark Inc.		
Highmark Inc Receipt For: Primary General Other (specify)	State Zip Code PA 17111 C Occupation Sr Govt Affairs Representative Aggregate Year-to-Date ▼ 261.72	Date of Receipt M M M / 17 2015 Transaction ID: 20150413195238-299 Amount of Each Receipt this Period 33.33
Highmark Health	State Zip Code PA 15222-3099 C Occupation Dir Portfolio Management Aggregate Year-to-Date ▼ 500.00	Date of Receipt O4 24 2015 Transaction ID: 9AE453A7-53ED-477E- Amount of Each Receipt this Period 500.00
Highmark Inc S	State Zip Code PA 15601 C Occupation Sr. Training Specialist Aggregate Year-to-Date ▼ 217.02	Date of Receipt M M / 17 2015 Transaction ID: 20150413195238-304 Amount of Each Receipt this Period 27.63
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number on		560.96